

# Doctor challenges Australian government over refugee conditions on Nauru

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A leading Australian doctor has dared Prime Minister Malcolm Turnbull and Labor Party leader Bill Shorten to prosecute him for condemning conditions of “torture” in the country’s refugee detention centre on Nauru, where the doctor worked in December 2014.

Under the Border Force Act—passed last year with Labor’s support—doctors, nurses, aid workers and other contractors working in detention facilities face up to two years’ imprisonment for revealing any information about what happens in the centres on Nauru and Papua New Guinea’s Manus Island.

Hundreds of refugees, including children, remain detained indefinitely in these camps, which were reopened for that purpose in 2012 by the previous Labor government, in flagrant violation of international law and the fundamental democratic right to seek and claim asylum.

David Isaacs, a clinical professor at the University of Sydney and a paediatrician at Sydney’s Westmead Hospital wrote to Turnbull, Shorten and Immigration Minister Peter Dutton challenging them to prosecute him under the Act, or repeal the legislation.

“Long-term immigration detention causes major mental health problems, is illegal in international law and arguably fits the recognised definition of torture,” Isaacs said. “The conditions we witnessed typified those in institutions such as asylums, prisons and concentration camps. There was constant bullying and humiliation, and children and adults coming to the medical centre were referred to by their boat numbers.”

The Act, which establishes police-state secrecy over the conditions in Australia’s entire anti-refugee “border protection” regime, has been met with broad hostility in Australia and internationally.

Last year, Isaacs and 41 other healthcare professionals, signed an open letter to the Australian

government denouncing the Act when it came into force. The World Medical Association also published a statement condemning the Act and supporting the open letter.

Numerous protests were held across Australia last year, attended by former detention centre employees who courageously detailed the inhumane conditions they witnessed, defying the Act. Isaacs spoke at a number of meetings, exposing the maltreatment of refugees he saw on Nauru.

In December, Isaacs published an article in the *Journal of Medical Ethics*, an international academic publication, explaining why indefinite detention amounted to torture and posing the question: “Are healthcare professionals working in Australia’s immigration detention centres condoning torture?”

The article begins by pointing to the role of both Liberal-National and Labor governments since 1992 in imposing “draconian legislation aimed at people seeking asylum.” That was the year in which the Keating Labor government introduced the “mandatory detention” of asylum seekers.

Isaacs argues that the treatment of detainees is comparable to the “waterboarding” interrogation practices and other atrocities committed by US military personnel inside Iraq’s Abu Ghraib prison.

The article says the long-term detention of asylum seekers can be defined only as torture, when “detainees are not informed of when, if ever, their detention will end.” Isaacs points to the correlation between time in detention and severe mental health problems.

He writes: “The severe harms that befall asylum seekers as a result of prolonged immigration detention arguably fulfil the definition of torture in being suffering that is intentionally and unlawfully inflicted through agencies influenced by the Australian

government with the intention of coercion and deterrence.”

Isaacs draws parallels between what he witnessed in the detention centre and the conditions in Nazi concentration camps. He witnessed “constant bullying and humiliation” to the point where women and children feared walking to the showers and toilets at night.

The paediatrician describes the “dehumanisation and denial of personhood,” with both adults and children referred to by their boat numbers, instead of their names. When he asked why this was the case, Isaacs was told “there are too many Mohammads.”

Isaacs describes a case in which he was involved. A female detainee confided that she was raped by a cleaner, only to be described by a psychologist as having “dressed provocatively.” Isaac says this “victim-blaming approach typified how many International Health and Medical Services (IHMS) staff had come to see people seeking asylum as guilty and unworthy of normal human consideration.”

The doctor reveals that “all healthcare professionals who work for IHMS, a company contracted by the Australian government to provide medical services, sign restrictive contracts forbidding criticism of the care provided by IHMS or the government in either social or mainstream media.”

Both IHMS and the Red Cross justify their complicity in working for the Australian government by arguing that they can improve the conditions in the camps. Isaacs asserts that, on the contrary, their practices pressure healthcare professionals into silence, as they “will not be re-employed in detention centres” if they speak out.

The article poses an ethical dilemma. “Short-term detention does not fulfil the United Nations’ definition of torture, whereas long-term detention does. However, grading severity of torture is potentially hazardous: are we to wait until people have been in immigration detention long enough to constitute torture? Involvement of healthcare professionals in prolonged immigration detention is at least analogous to healthcare professional involvement in torture. If prolonged immigration detention does constitute torture, then are healthcare professionals morally justified in working in such a system at all?”

Isaacs points out that the CIA continues to maintain

that atrocities “perpetrated post-9/11 were not torture because techniques such as waterboarding were developed by psychologists and overseen by doctors.” He writes that authorities assure doctors they are immune from prosecution for these crimes and that they are fulfilling a vital role for their country.

The article notes that the institutions in which such crimes are committed are typically offshore, out of sight and out of mind, in “black sites.” He writes: “It is chilling that the majority of Nazi concentration camps were outside Germany. The offshore detention centres used by Australia are clearly ‘black sites.’”

Amid the intensifying attacks by governments on refugees in Europe, Professor Isaacs’ latest act of political defiance is one expression of the disgust felt by medical workers and broad layers of young people and the working class in Australia and internationally toward the brutal attacks on asylum seekers around the globe.



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